

QUARTERLY STATEMENT

As of March 31, 2018

of the Condition and Affairs of the

APPALACHIAN INSURANCE COMPANY

NAIC Group Code.....0065, 0065

(Current Period) (Prior Period)

NAIC Company Code..... 10316

Employer's ID Number.....05-0284861

Organized under the Laws of RI

State of Domicile or Port of Entry RI

Country of Domicile US

Incorporated/Organized..... April 14, 1941

Commenced Business..... January 1, 1942

Statutory Home Office

270 Central Avenue .. Johnston .. RI .. US .. 02919-4949 (City or Town, State, Country and Zip Code) (Street and Number)

P.O. Box 7500 .. Johnston .. RI .. US .. 02919-0750

Main Administrative Office

270 Central Avenue .. Johnston .. Rl .. US .. 02919-4949 (City or Town, State, Country and Zip Code) (Street and Number)

401-275-3000 (Area Code) (Telephone Number)

Mail Address

Primary Location of Books and Records

(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code) 270 Central Avenue .. Johnston .. RI .. US .. 02919-4949

401-275-3000

www.fmglobal.com

(City or Town, State, Country and Zip Code) (Street and Number)

(Area Code) (Telephone Number)

Internet Web Site Address

Statutory Statement Contact

Jeffrey Black (Name)

(Area Code) (Telephone Number) (Extension) 401-946-8306

jeffrey.black@fmglobal.com (E-Mail Address)

(Fax Number)

Title

401-415-1559

OFFICERS

Name 1. Thomas Alan Lawson 3. Theresa Ann Mollov

Chairman & Chief Executive Officer Vice President & Controller

Title

2. Jonathan Irving Mishara 4. William Alfred Mekrut

Senior Vice President & Secretary Vice President & Treasurer

OTHER

Bret Nils Ahnell Jonathan William Hall Paul Edward LaFleche Jonathan Irving Mishara Michael Robert Turner

Executive Vice President Chief Operating Officer Senior Vice President Senior Vice President **Executive Vice President**

Kevin Scott Ingram Christopher Johnson Jeanne Ruth Lieb Enzo Rebula

Senior Vice President Executive Vice President Senior Vice President Senior Vice President

DIRECTORS OR TRUSTEES

Frank Thomas Connor John Anderson Luke Jr Edward Joseph Rapp Glenn Rodney Landau

Colin Richard Day Gracia Catherine Martore Shivan Sivaswamy Subramaniam Daniel Lee Knotts Christine Mary McCarthy Israel Ruiz

Thomas Alan Lawson Stuart Blain Parker Michel Giannuzzi

State of Rhode Island County of..... Providence

The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Thomas Alan Lawson	Jonathan Irving Mishara	Theresa Ann Molloy
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairman & Chief Executive Officer	Senior Vice President & Secretary	Vice President & Controller
(Title)	(Title)	(Title)
Subscribed and sworn to before me This 10th day of May 2018 John A. Soares III Notary Public Expires July 5, 2021	a. Is this an original filing? b. If no: 1. State the amendment numbe 2. Date filed 3. Number of pages attached	Yes [X] No []

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY ASSETS

			Current Statement Date		4
		1	2 Nonadmitted	3 Net Admitted Assets	December 31 Prior Year Net
_	Post.	Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1. 2.	Bonds	213,007,550		213,007,550	218,261,238
2.	Stocks: 2.1 Preferred stocks	2 500 000		2 500 000	2,500,000
_	2.2 Common stocks			0	
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens			0	
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0 encumbrances)			0	
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)			0	
5.	Cash (\$11,735,677), cash equivalents (\$40,698,336)	50 404 040		50 404 040	70 007 070
_	and short-term investments (\$0)				
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued	1,422,645		1,422,645	1,302,251
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	16,477,958		16,477,958	16,982,930
	15.2 Deferred premiums, agents' balances and installments booked but deferred			0	
	and not yet due (including \$0 earned but unbilled premiums)			0	
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	433,005		433,005	458,108
	16.2 Funds held by or deposited with reinsured companies			0	
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans			0	
	Net deferred tax asset				86,000
19.	Guaranty funds receivable or on deposit	,	,,,,,,	-,	
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$0).				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$0) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets				
	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)				
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	294,675,078	294,000	294,381,078	325,972,131
	DETAI	LS OF WRITE-INS			
1101				0	
	Summary of remaining write-ins for Line 11 from overflow page				
	. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)				
	A/R Misc Cash Clearing				
	. A/K WISC Casil Clearing	•		•	
	Summary of remaining write-ins for Line 25 from overflow page				0
∠599	. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)		<u> </u> 0	13,251	0

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY LIABILITIES, SURPLUS AND OTHER FUNDS

	,	1 Current Statement Date	2 December 31 Prior Year
1.	Losses (current accident year \$0)	60,895,429	60,904,656
2.	Reinsurance payable on paid losses and loss adjustment expenses	12,480,136	27,105,763
3.	Loss adjustment expenses	9,111,956	9,299,330
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$0 on realized capital gains (losses))		
7.2	Net deferred tax liability		
8.	Borrowed money \$0 and interest thereon \$0.		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$0 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)		
10.	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	785	2,127
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated	6,086	
16.	Provision for reinsurance (including \$0 certified)	896,842	896,842
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates	6,249,811	22,159,798
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending	727,830	1,166,402
23.	Liability for amounts held under uninsured plans	•	, ,
24.	Capital notes \$0 and interest thereon \$0.		
25.	Aggregate write-ins for liabilities		131
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	·	121,538,284
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)		
29.	Aggregate write-ins for special surplus funds		0
30.			3,525,000
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		0
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
	·		
35.	Unassigned funds (surplus)	192,900,091	193,331,319
36.	Less treasury stock, at cost:		
	36.1		
07	36.2		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)		
38.	Totals (Page 2, Line 28, Col. 3)	294,381,078	325,972,131
2501.	Miscellaneous Accounts Payable	7,087	131
2502.			
2503. 2598.	Summary of remaining write-ins for Line 25 from overflow page		0
	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	7,087	131
2901. 2902.			
2903.			
2998. 2999.	Summary of remaining write-ins for Line 29 from overflow page		0
3201.	Totals (Lines 230 Fitting 2303 plus 2330) (Line 23 above).		
3202. 3203.			
3203. 3298.	Summary of remaining write-ins for Line 32 from overflow page	0	0
3299.	Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above)	0	0

	STATEMENT OF INCO			
		1	2	3
		Current Year	Prior Year	Prior Year Ended
		to Date	to Date	December 31
	UNDERWRITING INCOME			
1.	Premiums earned:			
	1.1 Direct			
	1.2 Assumed (written \$16,477,958)		, ,	
	1.3 Ceded(written \$10,785)			
	1.4 Net	10,467,911	17,012,047	10,705,808
2	DEDUCTIONS: Losses incurred (current accident year \$12,188,487):			
۷.	2.1 Direct			
	2.2 Assumed			
	2.3 Ceded			
	2.4 Net			
3	Loss adjustment expenses incurred			
	Other underwriting expenses incurred			
	Aggregate write-ins for underwriting deductions			
	Total underwriting deductions (Lines 2 through 5)			
	Net income of protected cells.			
	Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)			
	INVESTMENT INCOME		, , ,	, , ,
0	Net investment income earned	1 405 050	1 277 071	E 010 000
	Net realized capital gains (losses) less capital gains tax of \$17,000			
	Net realized capital gains (losses) less capital gains tax or \$17,000			
11.		1,400,707	1,230,332	0,004,073
	OTHER INCOME			
12.	Net gain or (loss) from agents' or premium balances charged off			
	(amount recovered \$0 amount charged off \$0)			
	Finance and service charges not included in premiums			
	Aggregate write-ins for miscellaneous income			0
	Total other income (Lines 12 through 14)	0	0	0
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and			
	foreign income taxes (Lines 8 + 11 + 15)	(548,158)	(322,228)	(20,381,641)
	Dividends to policyholders			
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and			
	foreign income taxes (Line 16 minus Line 17)			
	Federal and foreign income taxes incurred			
20.	Net income (Line 18 minus Line 19) (to Line 22)	(422,158)	(233,101)	(13,138,266)
	CAPITAL AND SURPLUS ACCOUNT			
21	Surplus as regards policyholders, December 31 prior year	204 433 847	217 407 806	217 407 806
	Net income (from Line 20)			
	Net transfers (to) from Protected Cell accounts		, , ,	
	Change in net unrealized capital gains or (losses) less capital gains tax of \$(1,000)(1,000)			
	Change in net unrealized foreign exchange capital gain (loss)			
	Change in net deferred income tax			
27.	Change in nonadmitted assets			193,000
	Change in provision for reinsurance			229,444
29.	Change in surplus notes			
30.	Surplus (contributed to) withdrawn from protected cells			
31.	Cumulative effect of changes in accounting principles			
32.	Capital changes:			
	32.1 Paid in			
	32.2 Transferred from surplus (Stock Dividend)			
	32.3 Transferred to surplus			
33.	Surplus adjustments:			
	33.1 Paid in			
	33.2 Transferred to capital (Stock Dividend)			
	33.3 Transferred from capital			
	Net remittances from or (to) Home Office			
	Dividends to stockholders			
	Change in treasury stock			
	Aggregate write-ins for gains and losses in surplus			
	Change in surplus as regards policyholders (Lines 22 through 37)			
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	204,002,619	217,196,741	204,433,847
	DETAILS OF WRITE-INS			
0501.				
0503.				0
0503. 0598.	Summary of remaining write-ins for Line 5 from overflow page			
0503. 0598. 0599.	Summary of remaining write-ins for Line 5 from overflow page Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	
0503. 0598. 0599. 1401.	Summary of remaining write-ins for Line 5 from overflow page Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above). Miscellaneous balances charged off	0	0	
0503. 0598. 0599. 1401. 1402.	Summary of remaining write-ins for Line 5 from overflow page Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) Miscellaneous balances charged off		0	
0503. 0598. 0599. 1401. 1402. 1403.	Summary of remaining write-ins for Line 5 from overflow page Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above). Miscellaneous balances charged off	0	0	
0503. 0598. 0599. 1401. 1402. 1403. 1498.	Summary of remaining write-ins for Line 5 from overflow page Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) Miscellaneous balances charged off Summary of remaining write-ins for Line 14 from overflow page		0	
0503. 0598. 0599. 1401. 1402. 1403. 1498. 1499.	Summary of remaining write-ins for Line 5 from overflow page Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above). Miscellaneous balances charged off Summary of remaining write-ins for Line 14 from overflow page Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)		0	
0503. 0598. 0599. 1401. 1402. 1403. 1498. 1499. 3701.	Summary of remaining write-ins for Line 5 from overflow page Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above). Miscellaneous balances charged off Summary of remaining write-ins for Line 14 from overflow page Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).		0	
0503. 0598. 0599. 1401. 1402. 1403. 1498. 1499. 3701. 3702.	Summary of remaining write-ins for Line 5 from overflow page Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above). Miscellaneous balances charged off Summary of remaining write-ins for Line 14 from overflow page Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)		0	0
0503. 0598. 0599. 1401. 1402. 1403. 1498. 1499. 3701. 3702. 3703.	Summary of remaining write-ins for Line 5 from overflow page Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above). Miscellaneous balances charged off Summary of remaining write-ins for Line 14 from overflow page. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).		0	0
0503. 0598. 0599. 1401. 1402. 1403. 1498. 1499. 3701. 3702. 3703. 3798.	Summary of remaining write-ins for Line 5 from overflow page Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above). Miscellaneous balances charged off Summary of remaining write-ins for Line 14 from overflow page Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)		0	0

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY CASH FLOW

		1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CASH FROM OPERATIONS			
1. Premiums collected net of reins	urance	16,970,803	16,828,993	70,354,782
2. Net investment income		1,369,978	1,277,580	6,138,693
3. Miscellaneous income	<u>.</u>			
4. Total (Lines 1 through 3)		18,340,781	18,106,573	76,493,475
5. Benefit and loss related paymer	ts	26,817,575	11,925,112	59,042,572
6. Net transfers to Separate Accou	ints, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid a	nd aggregate write-ins for deductions	6,503,663	5,772,659	24,719,13
8. Dividends paid to policyholders.				
9. Federal and foreign income taxe	es paid (recovered) net of \$0 tax on capital gains (losses)			5,676,218
10. Total (Lines 5 through 9)		33,321,238	17,697,771	89,437,92
11. Net cash from operations (Line	4 minus Line 10)	(14,980,457)	408,802	(12,944,44
	CASH FROM INVESTMENTS			
12. Proceeds from investments sold	, matured or repaid:			
12.1 Bonds		5,272,022	10,896,387	19,817,218
12.2 Stocks				
12.3 Mortgage loans				
12.4 Real estate				
12.5 Other invested assets				
	ash, cash equivalents and short-term investments			
12.8 Total investment proceed	s (Lines 12.1 to 12.7)	5,706,525	15,902,177	19,806,13
13. Cost of investments acquired (lo				
13.1 Bonds	·		7,763,437	65,318,57
13.2 Stocks				
13.3 Mortgage loans				
5 5				
13.6 Miscellaneous application	S		(0)	
• • • • • • • • • • • • • • • • • • • •	d (Lines 13.1 to 13.6)		7,763,437	
•	ontract loans and premium notes		,, -	,-
,	2 12.8 minus Line 13.7 and Line 14)		8.138.740	(45.512.43
	FINANCING AND MISCELLANEOUS SOURCES		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(, ,
16. Cash provided (applied):				
	95			
•	s, less treasury stock			
	5,100 10001, 5001			
	/pe contracts and other insurance liabilities			
	lied)			
	scellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)			12,787,21
=	H, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		010,021	12,101,21
		(25 602 262)	0.402.060	(AE 660 CC
	alents and short-term investments (Line 11 plus Line 15 plus Line 17)	(८२,७७३,३७३)	9,423,869	(45,669,66
19. Cash, cash equivalents and sho		70 007 070	400 707 044	400 707 04
5 5 ,	no Lina 40.4)			
, , ,	Is Line 19.1)	52,434,013	133,130,913	/8,037,370

Note 1 - Summary of Significant Accounting Policies and Going Concern

Accounting Practices (required NAIC disclosure regardless of whether there is any significant change)

The accompanying financial statements of Appalachian Insurance Company ("Company") have been prepared on the basis of accounting practices prescribed or permitted by the Rhode Island Division of Insurance.

The state of Rhode Island requires insurance companies domiciled in the state of Rhode Island to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioner' (NAIC) Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the Rhode Island Division of Insurance. The Company has no state prescribed or permitted practices.

		SSAP	F/S	F/S		
		#	Page	Line #	2018	2017
NET INCOME		•				
(1) The Company s (Page 4, Line 20	tate basis 0, Columns 1 & 2)	XXX	XXX	XXX	\$ (422,158)	\$ (13,138,266)
(2) State Prescribed SAP	d Practice that are an increase/(decrease) from NAIC					
					\$	\$
(3) State Permitted SAP	Practice that are an increase/(decrease) from NAIC					
					\$	\$
(4) NAIC SAP (1 -	2 - 3 = 4)	XXX	XXX	XXX	\$ (422,158)	\$ (13,138,266)
SURPLUS						
(5) The Company s (Page 3, line 37	tate basis , Columns 1 & 2)	XXX	XXX	XXX	\$ 204,002,619	\$ 204,433,847
(6) State Prescribed SAP	d Practice that are an increase/(decrease) from NAIC					
					\$	\$
(7) State Permitted SAP	Practice that are an increase/(decrease) from NAIC					
					\$	\$
(8) NAIC SAP (5-	6 – 7 = 8)	XXX	XXX	XXX	\$ 204,002,619	\$ 204,433,847

B. Use of Estimates

No significant changes

- C. Accounting Policy
 - 1 5. No significant changes
 - (6) Basis for Loan-Backed Securities and Adjustment Methodology (required NAIC disclosure regardless of whether there is any significant change)

U.S. government agency loan-backed and structured securities are valued at amortized cost. Other loan-backed and structured securities are valued at either amortized cost or fair value, depending on many factors including: the type of underlying collateral, whether modeled by NAIC vendor, whether rated (by either NAIC approved rating organization or NAIC Securities Valuation Office), and relationship of amortized cost to par value and amortized cost to fair value.

D. Going Concern (required NAIC disclosure regardless of whether there is any significant change)

Based on its evaluation of relevant conditions and events, management has concluded that the Company will continue as a going concern.

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

Note 3 - Business Combinations and Goodwill

No significant changes

Note 4 - Discontinued Operations

No significant changes

Note 5 - Investments

A. Mortgage Loans

No significant changes

B. Debt Restructuring

No significant changes

C. Reverse Mortgages

No significant changes

Note 5 - Investments (continued from preceding page)

- D. Loan-Backed Securities (required NAIC disclosure regardless of whether there is any significant change)
 - (1) Description of Sources Used to Determined Prepayment Assumptions

Loan-backed bonds and structured securities are valued at amortized cost using the constant interest rate method, not including anticipated prepayment at the date of purchase. Loan-backed securities are valued using an effective yield based on current prepayment assumptions obtained from Bloomberg. Prepayment assumptions are reviewed periodically and updated in response to changes in market interest rates.

(2) Other-Than-Temporary-Impairment (OTTI) Loss Recognized in the Aggregate

Not applicable

(3) Recognized OTTI securities

Not applicable

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1. Less than 12 Months	\$ -
		2. 12 Months or Longer	\$ 67,905
b.	The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ -
		2. 12 Months or Longer	\$ 4,930,150

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary

All loan-backed and structured securities in an unrealized loss position were reviewed to determine whether other-than-temporary impairments should be recognized. The Company asserts that it has the intent and ability to hold these securities long enough to allow the cost basis of these securities to be recovered. These conclusions are supported by a detailed analysis of the underlying credit and cash flows of each security. Unrealized losses are primarily attributable to credit spread widening and increased liquidity discounts. It is possible that the Company could recognize other-than-temporary impairments in the future on some of the securities, if future events, information and the passage of time causes it to conclude that declines in value are other-than temporary.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
 - (1) Policies Requiring Collateral

No significant changes

(2) Collateral Pledged

No significant changes

- (3) Collateral Received (required NAIC disclosure regardless of whether there is any significant change)
 - a. Aggregate Amount of Cash Collateral Received

No significant changes

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged

\$727,830

Repurchase Agreements Transactions Accounted for as Secured Borrowing (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

H. Repurchase Agreements Transactions Accounted for as a Sale

Repurchase Transaction – Cash Taker – Overview of Sale Transactions (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Repurchase Transaction - Cash Provider - Overview of Sale Transactions (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

J. Real Estate

Not applicable

K. Low-Income Housing Tax Credits (LIHTC)

Not applicable

Note 5 - Investments (continued from preceding page)

L. Restricted Assets

No significant changes.

M. Working Capital Finance Investments (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

N. Offsetting and Netting of Assets and Liabilities (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant changes

Note 7 - Investment Income

No significant changes

Note 8 - Derivative Instruments

No significant changes

Note 9 - Income Taxes

No significant changes

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes

Note 11 - Debt

A. Debt

Not applicable

B. FHLB (Federal Home Loan Bank) Agreements (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

(1) - (3)

No significant changes

(4) Components of Net Periodic Benefit Cost (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

(5) - (21)

No significant changes

B. Description of Investment Policies

No significant changes

C. Fair Value of Plan Assets

No significant changes

D. Rate of Return Assumptions

No significant changes

E. Defined Contribution Plans

No significant changes

F. Multiemployer Plans

No significant changes

G. Consolidated/Holding Company Plans

No significant changes

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans (continued from preceding page)

H. Postemployment Benefits and Compensated Absences

No significant changes

I. Impact of Medicare Modernization Act on Postretirement Benefits

No significant changes

Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No significant changes

Note 14 - Liabilities, Contingencies and Assessments

No significant changes

Note 15 - Leases

No significant changes

Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant changes

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales Not applicable
- B. Transfer and Servicing of Financial Assets
 - (1) Loaned Securities

No significant changes

(2) Servicing Assets and Servicing Liabilities (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

- (3) Servicing Assets and Liabilities Subsequently Measured at Fair Value Not applicable
- (4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

- (5) Transfers of Financial Assets Accounted for as Secured Borrowing Not applicable
- (6) Transfers of Receivables with Recourse Not applicable
- (7) Repurchase Agreements Not applicable
- C. Wash Sales (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

No significant changes

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant changes

Note 20 – Fair Value Measurements (required NAIC disclosure regardless of whether there is any significant change)

- A. Fair Value Measurements
 - (1) Fair Value Measurements at Reporting Date

The Company categorizes its invested assets that are measured at fair value into the three-level fair value hierarchy. Item 4 provides a discussion of each of these three levels. However, the Company has no invested assets carried at fair value at the reporting date.

	Level 1	Level 2		Level 3		Total	t Asset Value V) Included in Level 2
Assets at Fair Value							
Short-term investments	\$ 40,698,336	\$	-	\$	-	\$ 40,698,336	\$ -
Total	\$ 40,698,336	\$	-	\$	-	\$ 40,698,336	\$ -

Note 20 - Fair Value Measurements (required NAIC disclosure regardless of whether there is any significant change) (continued from preceding page)

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

The Company has no assets measured at fair value in the Level 3 category.

(3) Policies when Transfers Between Levels are Recognized

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. The Company has no assets measured at fair value in the Level 3 category.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

The valuation techniques required by the Fair Value Measurements guidance (SSAP 100) are based upon observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect market assumptions.

These two types of inputs create the following fair value hierarchy:

Level 1 Quoted prices for identical instruments in active markets

Level 2 Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations whose inputs are observable or whose significant value drivers are observable

Level 3 Significant inputs to the valuation model are unobservable

The Company retains independent pricing vendors to assist in valuing invested assets when the prices are not available from the SVO.

When available, the Company uses quoted market prices to determine the fair value of investment securities, and they are included in Level 1.

When quoted market prices are unavailable, the Company uses quotes from independent pricing vendors based on recent trading activity and other relevant information, including market interest rate curves, referenced credit spreads and estimated prepayment rates, where applicable. These investments are included in Level 2 and are primarily comprised of fixed income securities which are NAIC rated 3 or below.

In infrequent circumstances, the pricing is not available from the pricing vendor and is based on significant unobservable inputs. In those circumstances, the investment security is classified in Level 3. There are no Level 3 investments at reporting date.

(5) Fair Value Disclosures

Not applicable

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Not applicable

C. Fair Value Level

Type of Financial Instrument	Aggregate Fair Value	dmitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value (NAV) Included in Level 2
Bonds	\$ 209,463,383	\$ 213,007,550	\$ -	\$ 213,007,550	\$ -	\$ -	\$ -
Cash, cash equivalents and short-term investments	\$ 52,434,013	\$ 52,434,013	\$ 52,434,013	\$ -	\$ -	\$ -	\$ } -
Securities lending reinvested collateral assets	\$ 727,830	\$ 727,830	\$ 727,830	\$ -	\$ -	\$ -	\$ } -
Total	\$ 262,625,226	\$ 266,169,393	\$ 53.161.843	\$ 213.007.550	\$ _	\$ -	\$) -

D. Not Practicable to Estimate Fair Value

Not applicable

Note 21 - Other Items

No significant changes

Note 22 - Events Subsequent

No significant changes

Note 23 - Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A- E. No significant changes

F. Risk Sharing Provisions of the Affordable Care Act (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses (required NAIC disclosure regardless of whether there is any significant change)

No significant changes

Note 26 - Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

No significant changes

Note 28 - Health Care Receivables

No significant changes

Note 29 - Participating policies

No significant changes

Note 30 - Premium Deficiency Reserves

No significant changes

Note 31 - High Deductibles

No significant changes

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

No significant changes

Note 33 - Asbestos/Environmental Reserves

No significant changes

Note 34 - Subscriber Savings Accounts

No significant changes

Note 35 - Multiple Peril Crop Insurance

No significant changes

Note 36 - Financial Guaranty Insurance

A. Financial Guarantee Insurance Contracts

No significant changes

B. Schedule of Insured Financial Obligations at the End of the Period: (required NAIC disclosure regardless of whether there is any significant change)

Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of	Material Transactions with the State of Domicile,				N. 53/3
1.0	as required by the Model Act?				Yes[]	No [X]
1.2 2.1	If yes, has the report been filed with the domiciliary state? Has any change been made during the year of this statement in the charter, by-laws, articles of	incorporation or dood of cottlement of the			Yes[]	No []
	reporting entity?	incorporation, or deed of Settlement of the			Yes[]	No [X]
2.2	If yes, date of change:	2011			., .,,	
3.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or If yes, complete Schedule Y, Parts 1 and 1A.	rmore affiliated persons, one or more of which is an insu	ırer?		Yes [X]	No []
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end	1?			Yes[]	No [X]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.					
3.4	Is the reporting entity publicly traded or a member of a publicly traded group?				Yes[]	No [X]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the	ne entity/group.				
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by	this statement?	-		Yes[]	No [X]
4.2	If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state result of the merger or consolidation.	abbreviation) for any entity that has ceased to exist as a	ì			
	1			2 NAIC	,	3
				Compa	any S	State of
	Name of Entity			Code	е [)omicile
5.	If the reporting entity is subject to a management agreement, including third-party administrator similar agreement, have there been any significant changes regarding the terms of the agreement yes, attach an explanation.		•	Yes[]	No [X]	N/A []
	6.1 State as of what date the latest financial examination of the reporting entity was made or	is being made.		12	/31/2017	
	6.2 State the as of date that the latest financial examination report became available from eith should be the date of the examined balance sheet and not the date the report was complete.	е	12/31/2012			
	6.3 State as of what date the latest financial examination report became available to other stareporting entity. This is the release date or completion date of the examination report and		01/10/2014			
6.4	By what department or departments?					
	Rhode Island Division of Insurance					
6.5	Have all financial statement adjustments within the latest financial examination report been acc with Departments?	ounted for in a subsequent financial statement filed	Y	es[]	No []	N/A [X]
6.6	Have all of the recommendations within the latest financial examination report been complied w	vith?	Ye	es[]	No []	N/A [X]
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrations (including comby any governmental entity during the reporting period?	rporate registration, if applicable) suspended or revoked	I		Yes[]	No [X]
7.2	If yes, give full information:					
8.1	Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Bo	pard?			Yes[]	No [X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.					
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?				Yes[]	No [X]
8.4	If the response to 8.3 is yes, please provide below the names and location (city and state of the regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller					[]
	Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's	primary federal regulator].	3	4	5	6
	Affiliate Name	Location (City, State)	FRB	000	FDIC	SEC
9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting functions) of the reporting entity subject to a code of ethics, which includes the following standard				Yes [X]	No []
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts	of interest between personal and professional relationsh	nips;			
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required	to be filed by the reporting entity;				
	(c) Compliance with applicable governmental laws, rules and regulations;					
	(d) The prompt internal reporting of violations to an appropriate person or persons identified	in the code; and				
	(e) Accountability for adherence to the code.					
9.11	If the response to 9.1 is No, please explain:					
9.2	Has the code of ethics for senior managers been amended?				Yes[]	No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).					

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

Yes[] No[X]

10.1	Does	the reporting entity report any amou	nts due from parent, subsidia	aries or affiliate	s on Page 2 of this	statement?			Yes[]	No[X]			
10.2	If yes	indicate any amounts receivable fro	om parent included in the Pa	ge 2 amount:				\$		0			
				IN	IVESTMENT								
11.1		any of the stocks, bonds, or other as y another person? (Exclude securiti		oaned, placed		ment, or otherwise	e made available for		Yes[]	No [X]			
11.2	If yes	give full and complete information r	elating thereto:										
12.	Amou	int of real estate and mortgages held	I in other invested assets in S	Schedule BA:				\$		0			
13.	Amou	int of real estate and mortgages held	I in short-term investments:					\$		0			
14.1	Does	the reporting entity have any investr	ments in parent, subsidiaries	and affiliates?					Yes [X]	No []			
	14.2	If yes, please complete the following	g:										
							1 ear End Book/Adjus Carrying Value	ted Curre	2 nt Quarter Book/Adji Carrying Value	usted			
	14.21					\$		0 \$		0			
	14.22 14.23						2,500	000	2,500	0,000			
	14.24	Short-Term Investments						0		0			
	14.25 14.26	0 0	te					0		0			
	14.27 14.28	Total Investment in Parent, Su			21 to 14.26)	\$ \$	2,500		2,500				
15.1	Has th	ne reporting entity entered into any h	nedging transactions reported	d on Schedule	DB?				Yes []	No [X]			
15.2	If yes	, has a comprehensive description o	f the hedging program been	made available	e to the domiciliary	state?			Yes[]	No []			
	If no,	attach a description with this stateme	ent.										
16.	For th	e reporting entity's security lending p	program, state the amount of	f the following a	as of current statem	ent date:							
16.1	Total	fair value of reinvested collateral ass	sets reported on Schedule DI	L, Parts 1 and	2:			\$	72	27,830			
16.2	Total	book adjusted/carrying value of rein	\$	72	27,830								
16.3	Total	payable for securities lending report	ed on the liability page:					\$	72	27,830			
17.	offices	ding items in Schedule E-Part 3-Spe s, vaults or safety deposit boxes, we dial agreement with a qualified bank tical Functions, Custodial or Safekee	re all stocks, bonds and othe or trust company in accorda	r securities, ov nce with Section	vned throughout the on 1, III - General E	e current year held xamination Consid	l pursuant to a	rcing	Yes [X]	No []			
	17.1	For all agreements that comply with	the requirements of the NAI	C Financial Co	ondition Examiners	Handbook, compl	ete the following:						
			1 Name of Custodian(s)				Custo	2 dian Address					
		JP Morgan Worldwide Securities				383 Madison Av	enue, New York, N						
	17.2	For all agreements that do not complecation and a complete explanation		he NAIC Finar			provide the name,						
		1 Name	e(s)		2 Locati				3 Explanation(s)				
	17.3	Have there been any changes, inclu	uding name changes, in the o	custodian(s) ide	entified in 17.1 duri	ng the current qua	rter?		Yes []	No [X]			
	17.4	If yes, give full and complete inform	ation relating thereto:										
		1			2		3 Date of		4				
		Old Custod	ian		New Custodian		Change		Reason				
		Investment management – Identify of the reporting entity. For assets the								on behalf			
		securities"].	N (1					2				
		Sanjay Chawla, Chief Investment		Firm or Individ	uai				Affiliation				
		Daniel Richards VP, Portfolio Mgr							1				
		Scott Anthony, VP Sector Portfolio 17.5097 For those firms/individu	als listed in the table for Que	estion 17.5 do	any firms/individua	s unaffiliated with	the reporting entity	i e designated v	with a "U")				
		manage more than 10%	% of the reporting entity's ass	ets?	•			-	Yes []	No []			
		management aggregate	affiliated with the reporting e e to more than 50% of the re	porting entity's	assets?				Yes[]	No []			
	17.6	For those firms or individuals listed	in the table for 17.5 with an a	attiliation code	of "A" (affiliated) or	7. 1	provide the informat 4	on for the table b	pelow.				
		Central Registration Depository		ividual				d With	Investment Managemen Agreement (IMA)				
		Hamboi	Manio Or Filli Or IIIU	Number Name of Firm or Individual Legal Entity Identifier (LEI) Registr									

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

- By self-designating 5*Gl securities, the reporting entity is certifying the following elements for each self-designated 5*Gl security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist.
 b. Issuer or obligor is current on all contracted interest and principal payments.

 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5*Gl securities?

Yes[] No[X]

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY

GENERAL INTERROGATORIES (continued)

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	If yes, attach an explanation.		
2.	Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?	Yes[]	No [X]
	If yes, attach an explanation.		
3.1	Have any of the reporting entity's primary reinsurance contracts been canceled?	Yes[]	No [X]

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see *Annual Statement Instructions* pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?

Yes[] No[X]

Yes[] No[X] N/A[]

4.2 If yes, complete the following schedule:

3.2 If yes, give full and complete information thereto:

1	2	3		Total D	iscount		Discount Taken During Period					
			4	4 5		7	8	9	10	11		
Line of Business	Maximu m Interest	Disc. Rate	Unpaid Losses	Unpaid LAE	IBNR	Total	Unpaid Losses	Unpaid LAE	IBNR	Total		
	0.000	0.000	0	0	0	0	0	0	0	0		
Total	XXX	XXX	0	0	0	0	0	0	0	0		

5.1 Operating Percentages:

	5.1 A&H loss percent		0.000%
	5.2 A&H cost containment percent		0.000%
	5.3 A&H expense percent excluding cost containment expenses		0.000%
6.1	Do you act as a custodian for health savings accounts?	Yes[]	No [X]
6.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$	0
6.3	Do you act as an administrator for health savings accounts?	Yes []	No [X]
6.4	If yes, please provide the amount of funds administered as of the reporting date.	\$	0
7.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [X]	No []
7.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[]	No[]

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

		Showing All New Reinsulers - Current Teal to Da	ıc			
1	2	3	4	5	6	7
						Effective Date
NAIC					Certified	of Certified
Company			Domiciliary	Type of	Reinsurer Rating	Reinsurer
Code	ID Number	Name of Reinsurer	Jurisdiction	Reinsurer	(1 through 6)	Rating
All Other Insu	ırers					
	AA-8310017	BELAIRE INSURANCE COMPANY LIMITED	GBR	Unauthorized		
		GD INSURANCE COMPANY DAC	IRL	Unauthorized		
		MDA INSURANCE SERVICES INC	BRB	Unauthorized		
	AA-3160151	TORINO RE LIMITED	BRB	Unauthorized		

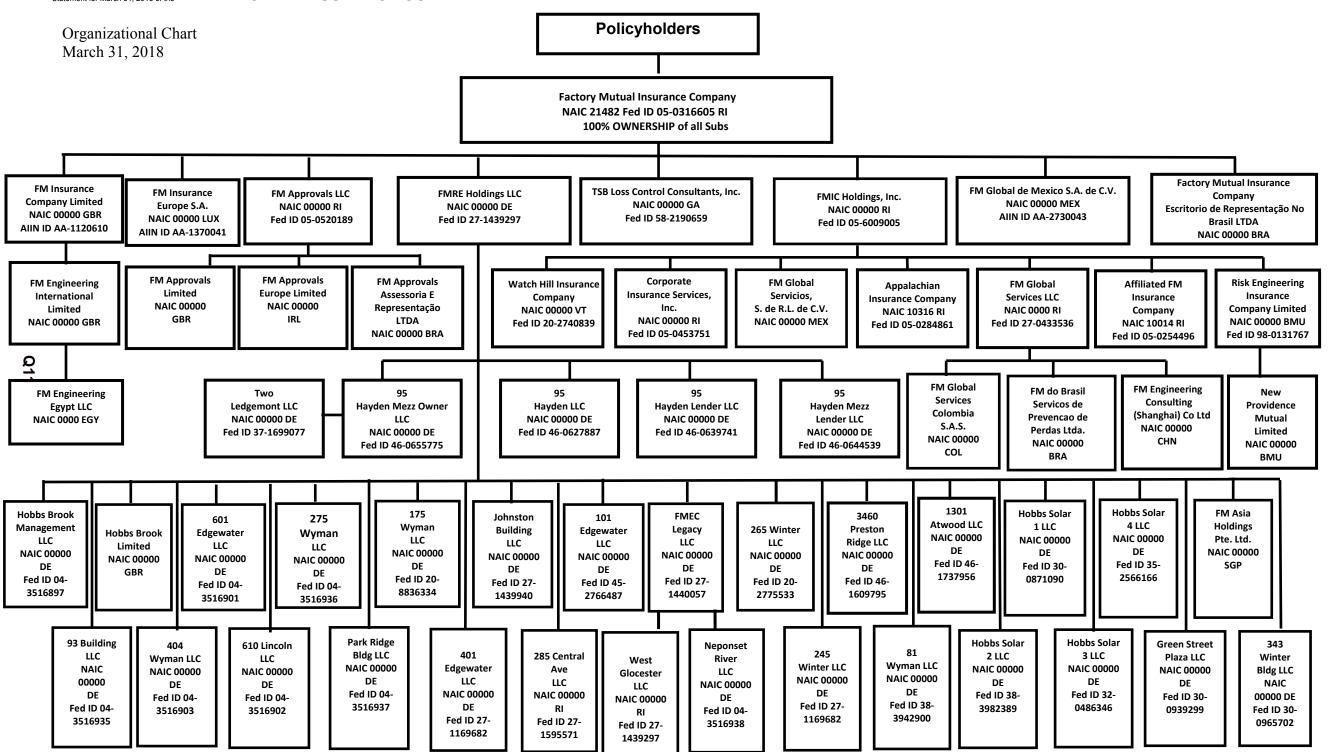
Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

Direct Premiums Written

Direct Losses Paid (Deducting Salvage)

		Active	2	ms Written 3	Direct Losses Paid (I	5	Direct Losse	7
	States, Etc.	Status (a)	Current Year to Date	Prior Year to Date	Current Year to Date	Prior Year to Date	Current Year to Date	Prior Year to Date
1.	AlabamaAL	(a) E		700.000		to Date	to Date	to Date
	AlaskaAK	E						
3.	ArizonaAZ	E		378,899				
4.	ArkansasAR	E						
5.	CaliforniaCA	E			30,252	153,499	19,418,501	19,981,273
6.	ColoradoCO	E		365,946				
	ConnecticutCT	E						
	DelawareDE District of ColumbiaDC	E		, -				
	FloridaFL	E		295 4,602,893				487,210
	GeorgiaGA	E		400			·	33,193,901
	HawaiiHI							
	IdahoID	E						
14.	IllinoisIL	E		4,428			1,509	1,493
15.	IndianaIN	E		53,603				
16.	lowaIA	E		5,486				
17.	KansasKS	E						
	KentuckyKY	E		945,610				
	LouisianaLA			20,059			404	390
		E						
	MarylandMD MassachusettsMA	E		46,744			10	
	MassachusettsMA MichiganMI			2,804				10 16
	MinnesotaMN							7
								10
	MissouriMO	E		10.011				19,916,290
	MontanaMT	E						
	NebraskaNE	E		2,362				
29.	NevadaNV	E		161,694				
30.	New HampshireNH	E						
31.	New JerseyNJ	E						
	New MexicoNM	E		21,948				
	New YorkNY	E			8,003	16,990	22,859,978	22,789,727
	North CarolinaNC	E		116,202				
	North DakotaND							
	OhioOH							
	OklahomaOK OregonOR			31,951				
	PennsylvaniaPA			406.719				753
	Rhode IslandRI			400,719				3.128
	South CarolinaSC						,101	,120
	South DakotaSD							
	TennesseeTN			602,006				
44.	TexasTX	E		2,887,861			18,568	18,373
45.	UtahUT	E		51				
46.	VermontVT	E						
47.	VirginiaVA	E		2,181				
	WashingtonWA			- ,	(12,325)		, ,	13,478,221
	West VirginiaWV			-,-			1,000	1,000
	WisconsinWI							
	WyomingWY							
	American SamoaAS							
	GuamGU Puerto RicoPR							
	US Virgin IslandsVI							
	Northern Mariana IslandsMP							
	CanadaCAN							
	Aggregate Other AlienOT							0
	Totals	XXX						109,871,802
		0 0		DETAILS OF WE				
8001.		XXX			-			
		XXX						
		XXX						
	Summary of remaining write-ins	V////			_	_		•
	for Line 58 from overflow page Totals (Lines 58001 thru 58003+	XXX	0	0	0	0	0	0
	Line 58998) (Line 58 above)	XXX	0	0	0	0	0	0
(a)	Active Status Count		-	- 1 "	- 1	- 1	- 1	
- Lico	nsed or Chartered - Licensed insurance		_	1_	-			
	ble - Reporting entities eligible or appro							



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

							PART 1A - DETAIL OF INSUF	KANCE	HOLDIN	G COMPANY SYSTEM					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of				
						Securities					Control			1	
						Exchange if Publicly					(Ownership Board,	If Control is		Is an SCA	
		NAIC				Traded	Names of		Relationship		Management,	Ownership		Filing	
Group	Group	Company	/ ID	Federa	ı	(U.S. or	Parent. Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Attorney-in-Fact		Ultimate Controlling	Required	
Code	Name	Code	Number			International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other		Entity(ies)/Person(s)	(Y/N)	
Mem							• • • • • • • • • • • • • • • • • • • •			(**************************************		/		(, , , , ,	
0065	Factory Mutual Insurance Company & its Affiliates	21482	05-0316605				Factory Mutual Insurance Company	RI	UIP					N	1
	Factory Mutual Insurance Company & its Affiliates	10014	05-0254496.				Affiliated FM Insurance Company	RI	IA	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	N	1
0065	Factory Mutual Insurance Company & its Affiliates	10316	05-0284861				Appalachian Insurance Company	RI	RE	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	N	1
0065	Factory Mutual Insurance Company & its Affiliates	00000	AA-1120610.				FM Insurance Company Limited	GBR	IA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	Y	
0065	Factory Mutual Insurance Company & its Affiliates	00000	98-0131767				Risk Engineering Insurance Company Limited	BMU	IA	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	AA-1370041.				FM Insurance Europe S.A	LUX	IA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	Y	
0065	Factory Mutual Insurance Company & its Affiliates	00000	AA-2730043.				FM Global de Mexico S.A. de C.V	MEX	IA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	Y	
0065	Factory Mutual Insurance Company & its Affiliates	00000	20-2740839.				Watch Hill Insurance Company	VT	IA	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	N	
0065	Factory Mutual Insurance Company & its Affiliates	00000	05-0453751				Corporate Insurance Services, Inc	RI	NIA	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	N	
0065	Factory Mutual Insurance Company & its Affiliates	00000					New Providence Mutual Limited	BMU	IA	Risk Engineering Insurance Company Limited	Ownership	100.000	Factory Mutual Insurance Company	N	
							Factory Mutual Insurance Company - Escritorio de								
0065	Factory Mutual Insurance Company & its Affiliates	00000					Representação No Brasil LTDA.	BRA	IA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	Y	
0000	Factory Mutual Insurance Company & its Affiliates	00000	05-0520189.				FM Approvals LLC	RI	NIA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000					FM Engineering International Limited	GBR	NIA	FM Insurance Company Limited	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000					FM Engineering Consulting (Shanghai) Co. Ltd	CHN	NIA	FM Global Services LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
_ 0000		00000					FM Approvals Limited	GBR	NIA	FM Approvals LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
⊃ 0000	Factory Mutual Insurance Company & its Affiliates	00000					FM Approvals Assessoria E Representação LTDA	BRA	NIA	FM Approvals LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
3 0000	Factory Mutual Insurance Company & its Affiliates	00000	27-1439297.				FMRE Holdings LLC	DE	NIA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	58-2190659.				TSB Loss Control Consultants, Inc	GA	NIA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	Y	
0000	Factory Mutual Insurance Company & its Affiliates	00000	05-6009005.				FMIC Holdings, Inc	RI	UDP	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	Y	
0000		00000					FM Global Servicios, S.de R.L. de C.V	MEX	NIA	FMIC Holdings, Inc.	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	27-0433536.				FM Global Services LLC	RI	NIA	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	1	00000					FM do Brasil Servicos de Prevencao de Perdas LTDA	BRA	NIA	FM Global Services LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	1	00000	04-3516902.				610 Lincoln LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000			04-3516903.				404 Wyman LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates		04-3516936.				275 Wyman LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates	00000	20-8836334.				175 Wyman LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates	00000	04-3516937				Park Ridge Building LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates		04-3516935.				93 Building LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000			20-2775533.				265 Winter LLC.	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	, ,		27-1169682.				245 Winter LLC	DE	NIA	265 Winter LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	, ,		27-1440057.				FMEC Legacy LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	, ,		04-3516938.				Neponset River LLC.	DE	NIA	FMEC Legacy LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000			27-1439297.				West Glocester LLC	RI	NIA	FMEC Legacy LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates		04-3516901.				601 Edgewater LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates		27-1595571.				285 Central Avenue. LLC.	RI	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates		04-3516897				Hobbs Brook Management LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates	00000	31 00 10007				Hobbs Brook Limited	GBR	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000		00000	45-2766487				101 Edgewater LLC.	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000			27-1169682				401 Edgewater LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000			27-1109002.				Johnston Building LLC.	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates	00000	21-1700040				FM Global Services Colombia S.A.S.	COL	NIA	FM Global Services LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates		37-1699077				Two Ledgemont LLC	DE	NIA	95 Hayden Mezz Owner LLC	Ownership		Factory Mutual Insurance Company	N	
0000	i actory mutual insurance company & its Allillates	100000	01-1099011.	.			I wo Leagemont LLO	DE	INIA	30 Hayush Mezz Owner LLO	Lownership	100.000	i actory wintual insurance company	IN	

Q12

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

							TART IN BEIME OF HIGGS								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of				
						Securities					Control				
						Exchange					(Ownership			ls an	
						if Publicly					Board,	If Control is		SCA	
_		NAIC				Traded	Names of		Relationship		Management,	Ownership		Filing	_
Group	Group	Company	, ID	Federal	0114	(U.S. or	Parent, Subsidiaries	,	to Reporting		Attorney-in-Fact		Ultimate Controlling	Required'	?
Code	Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	, , ,	Influence, Other		, , , ,	(Y/N)	_ ^
	Factory Mutual Insurance Company & its Affiliates						95 Hayden LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	46-0639741				95 Hayden Lender LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	46-0655775				95 Hayden Mezz Owner LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	46-0644539				95 Hayden Mezz Lender LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	46-1609795				3460 Preston Ridge, LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	46-1737956				1301 Atwood LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	38-3942900				81 Wyman LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	30-0871090				Hobbs Solar 1 LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	38-3982389				Hobbs Solar 2 LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	32-0486346				Hobbs Solar 3 LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000					FM Asia Holdings Pte. Ltd	SGP	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	30-0939299				Green Street Plaza LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	35-2566166				Hobbs Solar 4 LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates						FM Engineering Egypt LLC	EGY	NIA	FM Engineering International Limted	Ownership	100.000	Factory Mutual Insurance Company	N	.
	Factory Mutual Insurance Company & its Affiliates		30-0965702				343 WInter Bldg LLC	DE	NIA	FMRE Holdings LLC	Ownership		Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000					FM Approvals Europe Limited	IRL	NIA	FM Approvals LLC	Ownership	100.000	Factory Mutual Insurance Company	N	

Asteri Explanation

Pool Participants:Factory Mutual Insurance Company (86%), Affiliated FM Insurance Company (12%), and Appalachian Insurance Company (2%).

.,	IKI I-LUSS EXPER	Current Year to Date		Λ
	1	2	3	Prior Year to Date
	Direct Premiums	Direct Losses	Direct	Direct Loss
Lines of Business	Earned	Incurred	Loss Percentage	Percentage
1. Fire				roroomago
2. Allied lines			0.000	
Farmowners multiple peril			0.000	
Homeowners multiple peril			0.000	
Commercial multiple peril			0.000	
Mortgage guaranty			0.000	
8. Ocean marine			0.000	
9. Inland marine	7		0.000	
10. Financial guaranty			0.000	
11.1. Medical professional liability - occurrence			0.000	
11.2. Medical professional liability - claims-made			0.000	
12. Earthquake			0.000	
13. Group accident and health			0.000	
Credit accident and health 14. Credit accident and health			0.000	
15. Other accident and health			0.000	
16. Workers' compensation			0.000	
17.1 Other liability-occurrence			0.000	
7.2 Other liability-occurrence			0.000	
17.3 Excess workers' compensation			0.000	
18.1 Products liability-occurrence			0.000	
18.2 Products liability-occurrence			0.000	
			0.000	
9.1, 19.2 Private passenger auto liability			0.000	
9.3, 19.4 Commercial auto liability			0.000	
21. Auto physical damage			0.000	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			0.000	
23. Fidelity				
24. Surety			0.000	
26. Burglary and theft				
27. Boiler and machinery			0.000	
28. Credit			0.000	
29. International			0.000	
30. Warranty				
31. Reinsurance-nonproportional assumed property				XXX
32. Reinsurance-nonproportional assumed liability		XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines		_		XXX
34. Aggregate write-ins for other lines of business		0	0.000	
35. Totals	DETAILS OF WRITE-INS	0	0.000	
401	DETAILS OF WRITE-INS		0.000	
402			0.000	
403.			0.000	
498. Sum. of remaining write-ins for Line 34 from overflow page	0	0		XXX
			0.000	
499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34)	U	0	0.000	

PART 2 - DIREC	CT PREMIUMS WRIT	ΓΤΕΝ	
Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire			2,263,759
2. Allied lines			3,593,234
Farmowners multiple peril			
4. Homeowners multiple peril			
Commercial multiple peril			
6. Mortgage guaranty			
8. Ocean marine			2,681,266
9. Inland marine			7,607,090
10. Financial guaranty			
11.1 Medical professional liability - occurrence			
11.2 Medical professional liability - claims made			
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability-occurrence			
17.2 Other liability-claims made			
17.3 Excess workers' compensation			
18.1 Products liability-occurrence			
18.2 Products liability-claims made			
19.1 19.2 Private passenger auto liability			
19.3 19.4 Commercial auto liability			
21. Auto physical damage			
22. Aircraft (all perils)			
23. Fidelity.			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Warranty			
31. Reinsurance-nonproportional assumed property		XXX	XXX
32. Reinsurance-nonproportional assumed liability		XXX	XXX
33. Reinsurance-nonproportional assumed financial lines		XXX	XXX
34. Aggregate write-ins for other lines of business.		0	0
35. Totals		0	16.145.349
	TAILS OF WRITE-INS		
3401			
3402			
3403			
3498. Sum. of remaining write-ins for Line 34 from overflow page		0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34)		0	0
	· · · · · · · · · · · · · · · · · · ·	-	

PART 3 (000 omitted)

				LO	OSS AND LOSS A	ADJUSTMENT E	XPENSE RESEF	RVES SCHEDULE					
	1	2	3	4	5	6	7	8	9	10	11	12	13
				2010	22.12		Q.S. Date Known	Q.S. Date Known			Prior Year-End Known		Prior Year-End
	Prior Year-End	Prior Year-End	Total Prior Year-End	2018 Loss and LAE	2018 Loss and LAE	Total 2019	Case Loss and LAE Reserves on	Case Loss and LAE Reserves on Claims	Q.S. Date	Total Q.S.	Case Loss and LAE Reserves Developed	IBNR Loss and LAE Reserves Developed	Total Loss and LAE Reserve
Years in Which	Known Case	IBNR	rear-⊑nd Loss and	Payments on Claims	Payments on Claims	Total 2018 Loss and	Claims Reported and		U.S. Date IBNR	Loss and LAE	(Savings)/Deficiency	(Savings)/Deficiency	Developed
Losses	Loss and LAE	Loss and LAE	LAE Reserves	Reported as of Prior	Unreported as of	LAE Payments	Open as of Prior	Subsequent to	Loss and LAE	Reserves	(Cols. 4 + 7	(Cols. 5 + 8 + 9	(Savings)/Deficiency
Occurred	Reserves	Reserves	(Cols. 1 + 2)	Year-End	Prior Year-End	(Cols. 4 + 5)	Year-End	Prior Year-End	Reserves	(Cols. 7 + 8 + 9)	minus Col. 1)	minus Col. 2)	(Cols. 11 + 12)
1. 2015 + Prior	7,960	62,243	70,203	196		196	7,917		62,090	70,007	153	(153)	0
2. 2016			0			0				0	0	0	0
3. Subtotals													
2016 + Prior	7,960	62,243	70,203	196	0	196	7,917	0	62,090	70,007	153	(153)	0
4. 2017			0			0				0	0	0	0
5. Subtotals													
2017 + Prior	7,960	62,243	70,203	196	0	196	7,917	0	62,090	70,007	153	(153)	0
										_			
6. 2018	XXX	XXX	XXX	XXX	12,495	12,495	XXX			0	XXX	XXX	XXX
7. Totals	7,960	62,243	70,203	196	12,495	12,691	7,917	0	62,090	70,007	153	(153)	0
8. Prior Year-											0-1 44 1: 7	Col. 12. Line 7	0-1 40 1: 7
8. Prior Year- End's Surplus											Col. 11, Line 7 As % of Col. 1,	Col. 12, Line 7 As % of Col. 2,	Col. 13, Line 7 As % of Col. 3,
As Regards											Line 7	Line 7	Line 7
Policyholders	204,434												
-	<u> </u>	•											

Col. 13, Line 7 Line 8

.....(0.2)% 3. ..

....1.9 % 2.

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

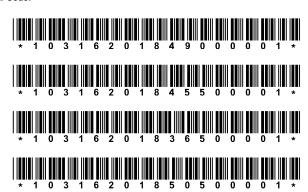
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

- The data for this supplement is not required to be filed.
- The data for this supplement is not required to be filed.
- The data for this supplement is not required to be filed.
- The data for this supplement is not required to be filed.

Bar Code:



Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY Overflow Page for Write-Ins

Additional Write-ins for Liabilities:

	1 Current Statement Date	2 December 31, Prior Year
2904. 2905		
2997. Summary of remaining write-ins for Line 29.	0	0

Additional	Write inc	for	liabilitiae
Additional	write-ins	TOT I	Liabilities:

	1	2
	Current	December 31,
	Statement Date	Prior Year
3204		
3205.		
3297. Summary of remaining write-ins for Line 32	0	0

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY SCHEDULE A - VERIFICATION

Real Estate

	Todi Estate		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

	Wortgage Loans	Mortgage Loans											
		1	2										
			Prior Year Ended										
		Year to Date	December 31										
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0											
2.	Cost of acquired:												
	2.1 Actual cost at time of acquisition												
	2.2 Additional investment made after acquisition												
3.	Capitalized deferred interest and other												
4.	Capitalized deferred interest and other Accrual of discount Unrealized valuation increase (decrease)												
5.	Unrealized valuation increase (decrease)												
6.	Total gain (loss) on disposals												
7.	Deduct amounts received on disposals												
8.	Deduct amortization of premium and mortgage interest points and commitment fees												
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest												
10	Deduct current year's other-than-temporary impairment recognized												
11	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0										
12													
13	Subtotal (Line 11 plus Line 12)	0	0										
14	Deduct total nonadmitted amounts												
15			0										

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	2.2 Additional investment made after acquisition Capitalized deferred interest and other Accrual of discount		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year		
2.	Cost of bonds and stocks acquired		65,318,571
3.	Accrual of discount	18,656	
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		211,892
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	215,507,550	220,761,238
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	215,507,550	220,761,238

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

During the Current Quarter for all Borids and Preferred Stock by NAIC Designation											
NAMES : IT	Book/Adjusted Carrying Value Beginning	2 Acquisitions During	3 Dispositions During	Non-Trading Activity During	Book/Adjusted Carrying Value End of	6 Book/Adjusted Carrying Value End of	7 Book/Adjusted Carrying Value End of	8 Book/Adjusted Carrying Value December 31			
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year			
BONDS											
1. NAIC 1 (a)	200,339,576		4,688,635	(1,061,837)	194,589,104			200,339,576			
2. NAIC 2 (a)	17,921,662		499,936	996,720	18,418,446			17,921,662			
3. NAIC 3 (a)					0						
4. NAIC 4 (a)					0						
5. NAIC 5 (a)					0						
6. NAIC 6 (a)					0						
7. Total Bonds	218,261,238	0	5,188,571	(65,117)	213,007,550	0	0	218,261,238			
PREFERRED STOCK											
8. NAIC 1	2,500,000				2,500,000			2,500,000			
9. NAIC 2					0						
10. NAIC 3					0						
11. NAIC 4					0						
12. NAIC 5					0						
13. NAIC 6					0						
14. Total Preferred Stock	2,500,000	0 .	0	0	2,500,000	0	0	2,500,000			
15. Total Bonds and Preferred Stock	220,761,238	0	5,188,571	(65,117)	215,507,550	0	0	220,761,238			

⁽a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.......0; NAIC 2 \$......0; NAIC 3 \$......0; NAIC 4 \$......0; NAIC 5 \$......0;

Sch. DA - Pt. 1 NONE

Sch. DA - Verification NONE

Sch. DB - Pt. A - Verification NONE

Sch. DB - Pt. B - Verification NONE

Sch. DB - Pt. C - Sn. 1 NONE

Sch. DB - Pt. C - Sn. 2 NONE

Sch. DB - Verification NONE

QSI03, QSI04, QSI05, QSI06, QSI07

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

1	Casii Equivalents											
1. Book/adjusted carrying value, December 31 of prior year		1										
1. Book/adjusted carrying value, December 31 of prior year. 78,044,772 .80,324,907 2. Cost of cash equivalents acquired. 400,152 108,238,657 3. Accrual of discount. (1,070) (23,137) 5. Total gain (loss) on disposals. (2,999) 12,053 6. Deduct consideration received on disposals. 37,742,519 110,507,708 7. Deduct amortization of premium. 8. Total foreign exchange change in book/ adjusted carrying value. 9. Deduct current year's other-than-temporary impairment recognized. 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).		Voor To Data										
2. Cost of cash equivalents acquired		real to Date	December 31									
2. Cost of cash equivalents acquired												
2. Cost of cash equivalents acquired	A Death Batalana to the December 04 of the con-	70.044.770	00 204 007									
3. Accrual of discount	1. Book/adjusted carrying value, December 31 of prior year		80,324,907									
3. Accrual of discount												
3. Accrual of discount		400.450	400 000 057									
4. Unrealized valuation increase (decrease)	2. Cost of cash equivalents acquired	400,152	108,238,657									
4. Unrealized valuation increase (decrease)												
4. Unrealized valuation increase (decrease)												
5. Total gain (loss) on disposals	3. Accrual of discount											
5. Total gain (loss) on disposals												
5. Total gain (loss) on disposals	A Thomps of the Construction of	(4.070)	(00.407)									
6. Deduct consideration received on disposals	4. Unrealized valuation increase (decrease)	(1,070)	(23,137)									
6. Deduct consideration received on disposals												
6. Deduct consideration received on disposals	Tatal asia (lasa) an diseasala	(2,000)	10.053									
7. Deduct amortization of premium	5. Total gain (loss) on disposals	(2,999)	12,053									
7. Deduct amortization of premium												
7. Deduct amortization of premium	C. Dadust assaidanting assained as disposale	27.740.540	440 507 700									
8. Total foreign exchange change in book/ adjusted carrying value	6. Deduct consideration received on disposals	31,142,519	110,507,700									
8. Total foreign exchange change in book/ adjusted carrying value												
8. Total foreign exchange change in book/ adjusted carrying value	7. Doduct amortization of promium											
9. Deduct current year's other-than-temporary impairment recognized	7. Deduct aniorazation of premium											
9. Deduct current year's other-than-temporary impairment recognized												
9. Deduct current year's other-than-temporary impairment recognized	8. Total foreign eychange change in book/ adjusted carrying value											
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	o. Total loreign exchange change in book adjusted carrying value											
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)												
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	9 Deduct current year's other-than-temporary impairment recognized											
11. Deduct total nonadmitted amounts	5. Bodder durion your o duter thair temporary impairment roots in a control of the control of th											
11. Deduct total nonadmitted amounts												
11. Deduct total nonadmitted amounts	10 Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	40 698 336	78 044 772									
		3,000,000	3,011,112									
	11. Deduct total nonadmitted amounts											
12. Statement value at end of current period (Line 10 minus Line 11)												
12. Statement value at end of current period (Line 10 minus Line 11) 40.698.336 78.044.772												
	12. Statement value at end of current period (Line 10 minus Line 11)	40.698.336	78.044.772									

Sch. A - Pt. 2 NONE

Sch. A - Pt. 3 NONE

Sch. B - Pt. 2 NONE

Sch. B - Pt. 3 NONE

Sch. BA - Pt. 2 NONE

Sch. BA - Pt. 3 NONE

Sch. D - Pt. 3 NONE

QE01, QE02, QE03, QE04

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

	- 1		2	12) 4	E	6	7	0	0	10		Change in D	ant/Adjusted (Carrying Value		16	17	10	10	20	21	22
	'		2	٥	9 4	5	0	1	0	9	10	11	12	13	1/	15	10	17	10	19	20	21	. 22
												" "	12	13	14	13							i
					-									Current							Bond		i
				,										Year's							Interest /		1
				,								Unrealized	Current	Other-Than-		Total Foreign		Foreign			Stock	Stated	NAIC
				1	si l						Prior Year	Valuation	Year's	Temporary	Total Change	Exchange	Book/Adjusted	Exchange	Realized	Total Gain	Dividends	Contractual	Designation
					Disposal		Number of				Book/Adjusted	Increase	(Amortization)	Impairment	in B./A.C.V.	Change in	Carrying Value at	Gain (Loss)	Gain (Loss)	(Loss) on	Received	Maturity	or Market
CL	SIP Ider	ntificatio	n Descrip	tion s	Date	Name of Purchaser	Shares of Stock	Consideration	Par Value	Actual Cost	Carrying Value	(Decrease)	/ Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	on Disposal		Disposal	During Year	Date	Indicator (a)
		S. Gove			. Date	Traine of Farences	Charge of Clock	Compradiction	1 41 14140	7.0000	oun jing value	(200.000)	771001011011	. tooogzoa	(2474.0111	Diopodai Dato	on Biopood.	on Biopodai	D.opood.	Daning Foar	Date	maioator (a)
			GNMA PASS-THRU M	SINGLE E	03/01/2019	MORTGAGE PAYDOWN		151,324	151,324	165,037	151,506		(183)		(183)		151,324			0	1 156	02/20/2043.	1
								,					(103)		(103)						,		
1			GOVT NATL MTGE AS	SN		MORTGAGE PAYDOWN		387	387	395	387				0		387			0	-	02/15/2032.	1
91	2828	MP 2	U S TREASURY		. 02/06/2018.	JP MORGAN		3,091,289	3,000,000	2,943,161	2,985,961		636		636		2,986,597		104,692	104,692	- ,-	02/15/2020.	1FE
059	9999.	T	otal - Bonds - U.S. Governi	ment				3,243,000	3,151,711	3,108,593	3,137,854	0	453	0	453	0	3,138,308	0	104,692	104,692	53,172	XXX	XXX
Во	nds - U.	.S. Spec	ial Revenue and Special	Assessment																			
31	294K	M4 4	FHLMC PC GOLD	CAS	01/01/2018.	MATURITY		913	913	948	913				0		913			0	4	01/01/2018.	1FE
31	296S	M5 2	FHLMC	FHLMC	03/01/2018.	MORTGAGE PAYDOWN		2,936	2,936	3.042	2.937		(1)		(1)		2.936			0	29	01/01/2034.	1FE
31	297T	WF 6	FHLMC PC GOLD	COM	03/01/2018	MORTGAGE PAYDOWN		15,047	15,047	14,386	15,025		22		22		15,047			0	130	09/01/2035.	1FF
			FHLMC GOLD PC #	FHLMC		MORTGAGE PAYDOWN		246	246	254	247		(1)		(1)		246			0			
1 .		JG 1	FEDERAL NATL MG	FNMA		MORTGAGE PAYDOWN		1.798	1.798	1.810	1.798		(1)		0		1.798			0		11/01/2036.	
1 -	419A		FNMA PASS-THRU LI			MORTGAGE PAYDOWN		7.699	7.699	8.388	7.705		(7)		/7\		7.699					09/01/2039.	
						MORTGAGE PATDOWN		28.639	28.639	-,	28.625		(/)		(7)	^	28.639		^	0			XXX
	19999.		otal - Bonds - U.S. Special	Revenue and Special	Assessments.			28,639	28,639	28,828	28,625	0	13	0	13	0	28,639	0	0	0	262	XXX	XXX
Bo	nds - In	dustrial	and Miscellaneous			Т	1										1	1	- I				
			CITIBANK CREDIT CA	RD ISSUANCE		REDEMPTION OF A S. T.																	1
	305E	EE 1	TRUST		02/05/2018.	SECURITY		1,000,000	1,000,000	1,086,250	1,022,547		(859)		(859)		1,021,688		(21,688)	(21,688)	26,750	02/07/2020.	1FE
<u>2</u>	442C	AC 8	DUKE ENERGY CARO	LINAS LLC	01/15/2018.	MATURITY		500,000	500,000	498,300	499,992		8		8		500,000			0	13,125	01/15/2018.	1FE
Q 26 TI 86	7914	BF 9	SUNTRUST BKS INC		02/08/2018.	KEYBANC		500,383	500,000	499,575	499,926		10		10		499,936		449	449	3,297	11/01/2018.	2FE
5 389	9999.	T	otal - Bonds - Industrial and	d Miscellaneous				2,000,383	2,000,000	2,084,125	2,022,465	0	(841)	0	(841)	0	2,021,624	0	(21,239)	(21,239)	43,172	XXX	XXX
839	19997.	To	otal - Bonds - Part 4					5,272,022	5,180,350	5,221,546	5,188,944	0	(375)	0	(375)	0	5,188,571	0	83,453	83,453	96,606	XXX	XXX
839	19999.	T	otal - Bonds					5,272,022	5,180,350	5,221,546	5,188,944	0	(375)	0	(375)	0	5,188,571	0	83,453	83,453	96,606	XXX	XXX
999	9999.	T	otal - Bonds. Preferred and	Common Stocks				5,272,022	XXX	5,221,546	5,188,944	0	(375)	0	(375)	0	5,188,571	0	83,453	83,453	96,606	XXX	XXX

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:0.

Sch. DB - Pt. A - Sn. 1 NONE

Sch. DB - Pt. B - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 2 NONE

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY

SCHEDULE DL - PART 1 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

(Securities lending collateral assets reported in aggregate on Line 10 of the Assets page and not included on Schedules A. B. BA. D. DB and E)

	(Securities lending collateral assets reported in aggregate on Line 10 of the Assets page and not included on Schedules A, B, BA, D, DB and E)												
1			2	3	4	5	6	7					
					NAIC Designation		Book/Adjusted	Maturity					
CUSIP Ide	ntificat	ion	Description	Code	/ Market Indicator	Fair Value	Carrying Value	Date					
Cash Equiva	Cash Equivalents (Schedule E Part 2 Type)												
000000	00	0	CITIGROUP GLOBAL MARKETS INC	C		70,000	70,000	03/26/2018					
000000	00	0	HSBC SECURITIES,INC	C		150,000	150,000	03/26/2018					
000000	00	0	ML PIERCE FENNER & SMITH INC	C		17,830	17,830	03/26/2018					
000000	00	0	ML PIERCE FENNER & SMITH INC	C		70,000	70,000	03/26/2018					
000000	00	0	MIZUHO SECURITIES USA INC	C		70,000	70,000	03/26/2018					
000000	00	0	NATIXIS NEW YORK BRANCH	C		150,000	150,000	03/26/2018					
000000	00	0	NATIXIS NEW YORK BRANCH	C		25,000	25,000	03/26/2018					
000000	00	0	SOCIETE GENERALE NY BRANCH	C		175,000	175,000	03/26/2018					
9199999.	Tota	I - Ca	sh Equivalents (Schedule E Part 2 Type)			727,830	727,830	XXX					
9999999.	Tota	ls				727,830	727,830	XXX					

General Interrogatories:

- The activity for the year: Fair Value \$.....(438,572) Book/Adjusted Carrying Value \$.....(438,572)

 Average balance for the year: Fair Value \$.....2,170,682 Book/Adjusted Carrying Value \$.....2,170,682 2.
- Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation: NAIC 1: \$.....727,830 NAIC 2: \$.......0 NAIC 3: \$........0 NAIC 4: \$........0 NAIC 5: \$........

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY

SCHEDULE DL - PART 2 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

(Securities lending collateral assets included on Schedules A. B. BA. D. DB and E and not reported in aggregate on Line 10 of the Assets page)

(Occurries ichaing condition assets included on ochedules A, B, BA, B, B and E and not reported in aggregate on line 75 or the Assets page)									
1	2	3	4	5	6	7			
			NAIC Designation		Book/Adjusted	Maturity			
CUSIP Identification	Description	Code	/ Market Indicator	Fair Value	Carrying Value	Date			

General Interrogatories:

- The activity for the year: Fair Value \$.........0 Book/Adjusted Carrying Value \$.......0

 Average balance for the year: Fair Value \$........0 Book/Adjusted Carrying Value \$.......0

NONE

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY SCHEDULE E - PART 1 - CASH

Manth	\Box	Danasitani	Dalamana
IVIOLILI	⊏Hu	Depository	Dalalices

10010	= = .	op o onton j	Dalariccs						
1	2	3	4	5	Boo	Book Balance at End of Each			
					Moi	ırter			
					6	7	8		
			Amount of Interest Received During	Amount of Interest Accrued at Current					
Depository	Code	Rate of Interest	Current Quarter	Statement Date	First Month	Second Month	Third Month	*	
Open Depositories									
JP MORGAN CHASE NEW YORK, NY		0.450	60,322		28,424,736	33,732,073	11,735,827	XXX	
0199998. Deposits in1 depositories that do not exceed the allowable limit									
in any one depository (see Instructions) - Open Depositories	XXX	XXX			(1,000)	(5,880)	(150)	XXX	
0199999. Total Open Depositories	XXX	XXX	60,322	0	28,423,736	33,726,193	11,735,677	XXX	
0399999. Total Cash on Deposit	XXX	XXX	60,322	0	28,423,736	33,726,193	11,735,677	XXX	
0599999. Total Cash	XXX	XXX	60,322	0	28,423,736	33,726,193	11,735,677	XXX	

Statement for March 31, 2018 of the APPALACHIAN INSURANCE COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

Show invocations owned and of durion quarter								
1	2	3	4	5	6	7	8	9
							Amount of Interest Due &	
CUSIP Identification	Description	Code	Date Acquired	Rate of Interest	Maturity Date Book/A	Adjusted Carrying Value	Accrued	Amount Received During Year
All Other Money Market Mutual Funds								
09248U 61 9	BLACKROCK LIQUIDITY TEMPFUND INST'L		02/28/2018	1.780		40,698,336	1,937	141,986
8699999. Total - All C	ther Money Market Mutual Funds					40,698,336	1,937	141,986
8899999. Total - Cash	n Equivalents					40,698,336	1,937	141,986